

OSTEOPOROSIS

WHAT IS IT?

Osteoporosis is a condition that affects bone strength. After the age of about 45 you start to lose some of your bone material and your bones become weaker.



Who gets it?

Osteoporosis affects both men and women, although it is far more common in women, affecting 2 in 100 women after the age of 50. This is largely due to the drop in oestrogen levels that women experience after the menopause.

What are the symptoms?

It develops slowly over time and often there are no symptoms. It is often not detected until someone has a fracture from a low impact injury such as a fall from standing. The commonest bones affected are the hip, wrist and vertebrae (bones of spine) which are known as fragility fractures. Sometimes the vertebrae can fracture without a fall and this results in back pain and loss of height.

How is it diagnosed?



If you sustain a fragility fracture you will be tested for osteoporosis. Investigation is usually by means of a type of X-ray called a DEXA scan. Patients over the age of 75 will usually be started on treatment without investigation as their risk of having osteoporosis is so high.

Ideally osteoporosis would be diagnosed before you sustain a fragility fracture, but there is currently no screening programme. However, if you are over the age of 50 and have one or more of the risk factors listed it would be advisable to make an appointment to see your GP. Your doctor will be able to assess your risk of osteoporosis and decide if it is appropriate for you to have a DEXA scan.

What are the risk factors?

Factors that can increase your risk of developing osteoporosis include:

- ◆ Menopause before the age of 45
- ◆ Family history
- ◆ Being very underweight for a long period of time (eg anorexia nervosa)
- ◆ Having taken long term courses of steroid treatment (eg prednisolone)
- ◆ Heavy smoking and drinking
- ◆ Lack of calcium/vitamin D
- ◆ Lack of regular exercise especially in teenage years
- ◆ Certain medical conditions (eg hyperthyroidism, coeliac disease, kidney failure, rheumatoid arthritis, liver disease)

How can I avoid getting Osteoporosis?

Exercise— take part in regular weight bearing exercise such as running, walking, aerobics or dancing. 30 minutes of exercise five times a week will reduce the risk of falling and fractures.



Calcium and Vitamin D—calcium makes bones and vitamin D helps to absorb calcium from your food. Calcium is found in milk, cheese, yogurts, bread and some fruit and veg. Good sources of vitamin D are oily fish like mackerel, salmon, tuna and sardines. It is also made by your skin when exposed to sunlight.



Reducing smoking and drinking—both alcohol and cigarettes increase the risk of osteoporosis. It is important to stop smoking and reduce your alcohol levels to the recommended levels.



Can it be treated?

Treatment consists of a combination of the lifestyle measures above and appropriate medication, such as bisphosphonates (eg alendronate), strontium, denosumab and raloxifene.

HRT can sometimes be used if treatment for menopausal symptoms as well as osteoporosis is needed. Calcium and vitamin D are usually given as well.

Dr Mark Merrick

Patient Participation Group



The next PPG meeting will be held on Tuesday 4th June at 7.00pm at the surgery. Please come along — everyone is welcome!

The PPG will also be holding a Health and Fitness Fair on Saturday 13th July between 10.00am and 1.00pm in the market place. Why not come along and look at the health advice on offer?

CQC registration is the legal licence which allows all health and social care providers, including GP practices, to operate. **Hannage Brook Medical Centre was granted its licence on 11 December 2012** following a successful application. We had to confirm that we complied with 16 ‘Essential Outcomes’ covering:

Patient Involvement and information	Outcome 1: Respecting and involving patients Outcome 2: Consent to care and treatment
Personalised care, treatment and support	Outcome 4: Care and welfare of patients Outcome 5: Meeting nutritional needs Outcome 6: Cooperating with other providers
Safeguarding and safety	Outcome 7: Safeguarding users from abuse Outcome 8: Cleanliness and infection control Outcome 9: Management of medicines Outcome 10: Safety and suitability of premises Outcome 11: Safety, availability and suitability of equipment
Suitability of staffing	Outcome 12: Requirements relating to workers Outcome 13: Staffing Outcome 14: Supporting workers
Quality and management	Outcome 16: Assessing and monitoring the quality of service provision Outcome 17: Complaints Outcome 21: Records

From June 2013 all GP practices will have a planned inspection every 2 years—rather like an OFSTED inspection for schools with 48 hours notice being given. The practice will need to demonstrate that it complies with the CQC 16 Essential Outcomes. CQC can also make unannounced visits if major concerns are raised.

Further information is available at www.cqc.org.uk

Measles

You may have seen the recent news articles about the increased outbreaks of measles. The most effective way of preventing measles is to have the MMR vaccine and we strongly recommend that you have your child vaccinated if it has not already been done. Further information is available at www.nhs.uk

STAFF NEWS

We are delighted to offer our congratulations to Dr Amy Wells (one of our registrars) who will be starting her maternity leave at the end of April.

CLINICAL COMMISSIONING GROUPS

As many of you will be aware the Primary Care Trusts (PCTs) ceased to exist on 31st March 2013 as a result of the reforms and structural changes introduced by the Health and Social Care Act 2012.

The functions of the PCTs were taken over by Clinical Commissioning Groups and by the NHS Commissioning Board (NHS England).

Hannage Brook Medical Centre belongs to the Southern Derbyshire CCG (SDCCG) which is main up of 57 practices within the 4 localities of Amber Valley and South Derbyshire Dales, Derby Advanced Commissioning, Derby Commissioning Network and South Derbyshire and which represents over 500 000 patients. The SDCCG is led by GPs and will commission primary care clinical services for our patients.

Dr Ian Lawrence sits on the SDCCG Governing Body and is chair of the AVSDD Locality Group.

ST OSWALD'S—OUR LOCAL HOSPITAL

You might have seen the questionnaires relating to St Oswald's Hospital which were part of a study carried out by Derbyshire Community Health Service (DCHS). An Action Plan has now been published to increase public awareness of the services offered at St Oswald's and how the current facilities there could be better used. Many of our patients prefer to be referred there rather than Derby and part of the action plan is to for DCHS to provide a clear list of all clinics held at our local hospital to help our GPs refer patients there if that is the patient's choice.

Ashburn Community Transport may be able to provide transport at a charge if patients meet their eligibility criteria— pick up a leaflet at the surgery for more information.

SUGGESTIONS AND FEEDBACK— ALWAYS WELCOME



We are always looking at ways we can improve the service we provide and all ideas are discussed at our monthly practice meetings.

Let us have your views—good or bad!

Prescription charges
Prescription charges increased as at
1st April 2013
from £7.65 to £7.85.



IMPROVEMENT WORKS AT THE SURGERY

If you have recently visited the practice you will have noticed a few changes.

We successfully secured funding from the PCT to enable us to partition off the front and back reception areas, make improvements to the front reception desk, install automated doors to consulting room corridors and create a privacy room off reception for patients wishing to talk to a receptionist in private or for mothers wishing to breastfeed their babies away from the waiting area. We have also installed safety rails along two paths to the entrance doors to assist patients with mobility difficulties.

We have also improved signage within the building and are creating a 'wall' in the waiting area which should reduce some of the cold air coming in from the entrance doors and enable us to have a TV screen displaying useful health information for patients.

Many thanks to members of our Patient Group who helped with the planning of this work.

CLEANING

Over the last 9 months we have been reviewing our cleaning routine and carrying out regular audits.



We always welcome comments from patients on our cleaning standards, so please let us have your views. (Either verbally or by completing a comments form available from reception).

PRACTICE SURVEY

The results of our recent practice survey and action plan are now available on our website (www.hannagebrook.co.uk) or in the waiting room. Thank you to all patients who took part in the survey and for the input received from our patient group.

